

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10064540	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8		/					58		
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44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2		2				TOTAL IND.		
TOTAL DEP.	13	1	10	1	1		TOTAL DEP.		
TOTAL CLAIMS	15		12				TOTAL CLAIMS		